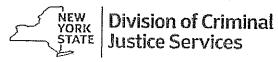
Department <u>District Attorney</u>

	Name <u>Dona Chase</u>		Phone <u>7088</u>		
	Address on claim box 4: County of Niagara, 59 Park Ave,	Lockport, NY 14	1094		
XX	Claim form Completed	Amount \$		72,189.00	
			One Claim per Rt Sheet		
XX	Valid Revenue Acct in <u>Box 5</u>	Org Set	A.02.1165.000	Acct#	43030.01
	Signed by Jennifer Collins or Kyle Andrews		Date		
XX	Copy to Treasurers Accounting office		·		
	Submitted to State / Fed	Date	(circle one: by mail	, phone, fax, on	-line)
XX	State\Fed Agency name submitted to:	Division o	of Criminal Justice Servi	<u>ces</u>	
XX	Period Expenses incurred (not program perio	od)	4/1/16-3/31/17		
		Below for A	Accounting Use Only		
	Sent to Grant Accountant -Joanne Klemer	Date			
	Accrual Posted in Misc Billing	JE#	Date #		
	ACH Received	ACH/Ck#	Date ;	#	
	Misc Billing Adjmts	JE#	Date #		,
	Cash Reciept JE Posted	CR #	Date #	·	
		J上#	Date #		

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

Date 8/5/16



ANDREW M. CUOMO Governor MICHAEL C. GREEN
Executive Deputy Commissioner

July 26, 2016

The Honorable Keith McNall Chairman of the County Legislature Niagara County 175 Hawley Street Lockport, NY 14094

Re: District Attorney Salary Aid Program Awards

Dear Chairman McNall:

I am pleased to advise you that Niagara County will receive \$72,189 under the District Attorney Salary Aid Program for State Fiscal Year (SFY) 2016-17. Your 2016-17 program award is unchanged from the amount awarded in 2015-16, consistent with the appropriation amounts enacted for this purpose in the state budget. This funding assistance is being provided to help offset salary costs that your county has and will incur for the period April 1, 2016 through March 31, 2017.

To streamline processing and facilitate timely distribution of funds, DCJS' Office of Financial Services will initiate payments directly to your county during the month of September. Should you have any questions regarding the DA Salary Aid Program, please contact Holly Stefaniak, DCJS Finance Office at (518) 485-0916 or Holly Stefaniak@dcjs.ny.gov.

We are pleased to provide funding assistance to your county and look forward to working with your office throughout this year.

Very truly yours.

Michael C. Green

Executive Deputy Commissioner

cc: Theodore Brenner, Niagara County Deputy District Attorney

Date 6/19/15

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

	out of the standard	Amount \$		72,189.00_	
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Х	Copy to Treasurers Accounting office				
	Submitted to State / Fed	Date	(circle one: by ma	ail, phone, fax, or	n-line)
X_	State\Fed Agency name submitted to:	Division	of Criminal Justice Ser	vices	
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	Sent to Grant Accountant -Joanne Klemer	Date		,	•
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	ACH Received	ACH/Ck	# D	ate#	
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	Cash Reciept JE Posted	CR#_ JE#	Date # Date #		
	note: scanned copy of deposit will be at	ttached to	JE. We do not send a	copy to depts.	

revised: 9/30/13

Dona Chase - DA Salary 2015

From:

"Thalho, Hina (DCJS)" <Hina.Thalho@dcjs.ny.gov>

To:

"lmoser@lewiscountyny.org" <lmoser@lewiscountyny.org>, "Michael.Violante...

Date:

6/19/2015 9:15 AM DA Salary 2015

Subject: CC:

"Layden, James (DCJS)" <James.Layden@dcjs.ny.gov>

Good Morning,

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2015 through March 31, 2016.

Based on the 2015-16 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

Thanks, Hina M Thalho Student Intern

New York State Division of Criminal Justice Services 80 South Swan St., Albany, NY 12210

Phone: (518) 485-7949 | Hina.Thalho@dcjs.ny.gov

Department District Attorney

Name Dona Chase	Phone <u>7088</u>
Address on claim box 4: County of Niagara, 59 Park Ave, Lo	ockport, NY 14094
XX Claim form Completed	Amount \$ 72,189.00 One Claim per Rt Sheet
XX Valid Revenue Acct in Box 5	Org Set <u>A. 02. 1165. 000</u> Acct# <u>43036. 01</u>
Signed by Jennifer Collins or Kyle Andrews	Date
XX Copy to Treasurers Accounting office	
Submitted to State / Fed	Date (circle one: by mail, phone, fax, on-line)
XX State\Fed Agency name submitted to:	Division of Criminal Justice Services
XX Period Expenses incurred (not program period	od) 4/1/14-3/31/15
	Below for Accounting Use Only
Sent to Grant Accountant -Joanne Klemer	Date
Accrual Posted in Misc Billing	JE # Date #
ACH Received	ACH/Ck # Date #
Misc Billing Adjmts	JE # Date #
Cash Reciept JE Posted	CR # Date # JE # Date #
note: scanned copy of deposit will be a	ttached to JE. We will no longer copy to depts.

revised: 12/10/09

Date_6/11/14

Dona Chase - Fwd: DA Salary Aid Program

From:

Michael Violante

To:

Chase, Dona

Date:

6/4/2014 3:14 PM

Subject: Fwd: DA Salary Aid Program

>>> "Marchese, Cassandra (DCJS)" <Cassandra.Marchese@dcjs.ny.gov> 6/4/2014 11:10 AM >>> Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2014 through March 31, 2015.

Based on the 2014-15 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72,189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

Cassandra Marchese Student Intern-Financial Grants Unit NYS Division of Criminal Justice Services (518) 457-7388 Cassandra.Marchese@dcjs.nv.gov

5/28/2013

Department District Attorney

Name Dona Chase

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

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	Signed by Jennifer Collins or Kyle Andrews		Date		•
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	Submitted to State / Fed	Date	(cire	cle one: by ma	ail, phone, fax, on-line)
X	State\Fed Agency name submitted to:	<u>DCJS</u>			
X	Period Expenses incurred (not program period	d)	4/1/13-3/	31/14	
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	Sent to Grant Accountant -Joanne Klemer	Date			
	Accrual Posted in Misc Billing	JE#		Date #	
	ACH Received	ACH/Ck	#	D	ate #
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	note: scanned copy of deposit will be atta	ached to J	E. We wi	II no longer o	copy to depts.

revised: 12/10/09

Dona Chase - Fwd: RE: DA Salary 2013-14

From:

Michael Violante

To:

Chase, Dona

Date:

5/23/2013 3:32 PM

Subject: Fwd: RE: DA Salary 2013-14

>>> "Layden, James (DCJS)" < James.Layden@dcjs.ny.gov> 5/23/2013 3:29 PM >>>

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation . As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2013 through March 31, 2014.

Based on the 2013-14 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$66,089. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden NYS Division of Criminal Justice Services 80 South Swan Street Albany, NY 12210 (518) 485-7974 james.layden@dcjs.ny.gov

43030.01

Department District Attorney Date 6/1/12 Phone 7088 Name Dona Chase Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094 59.989.00 Amount \$ Claim form Completed One Claim per Rt Sheet Acct# 43030.01 Org Set A.02.1165.000 Valid Revenue Acct in Box 5 Signed by Jennifer Collins or Kyle Andrews Date ___ Copy to Treasurers Accounting office Date _____ (circle one: by mail, phone, fax, on-line) Submitted to State / Fed **DCJS** State\Fed Agency name submitted to: Period Expenses incurred (not program period) 4/1/12-3/31/13 Below for Accounting Use Only Date _____ Sent to Grant Accountant -Joanne Klemer JE # _____ Date # _____ Accrual Posted in Misc Billing ACH/Ck # _____ Date # ____ ACH Received Any Adjustment posted in Misc Billing Adjmts JE # _____ Date # _____ CR # _____ Date # _____ Cash Reciept JE Posted JE# _____ Date# ____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

Dona Chase - Fwd: DA Salary 2012-13

From:

Dona Chase

To:

Evans, Mary

Date:

6/1/2012 8:53 AM

Subject:

Fwd: DA Salary 2012-13

CC:

Chase, Dona

It appears by this email that the DA Salary Aid in the amount of \$59,989 will be deposited directly during the month of June without us having to submit a claim. The revenue line is A.02.1165.000.43030.01. Do you need anything else from me?

>>> Michael Violante 5/31/2012 2:35 PM >>>

>>> "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov> 5/31/2012 11:42 AM >>> Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation . As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2012

Based on the 2012-13 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$59,989. This amount includes 100% funding of the difference between the through March 31, 2013. minimum salary for a full-time District Attorney prior to April 1, 2012 and the minimum salary on or after April 1, 2012. To streamline the processing and facilitate timely distribution of monies, counties will no longer have to submit a state aid voucher to claim their DA Salary Aid payment. The Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

NYS Division of Criminal Justice Services James Layden 4 Tower Place Albany, NY 12203 (518) 485-7974 james.layden@dcjs.ny.gov

Dona Chase - Fwd: DA Salary 2012-13

Michael Violante From:

Chase, Dona To:

5/31/2012 2:35 PM Date:

Subject: Fwd: DA Salary 2012-13

>>> "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov> 5/31/2012 11:42 AM >>>

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation . As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2012 through March 31, 2013.

Based on the 2012-13 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$59,989. This amount includes 100% funding of the difference between the minimum salary for a full-time District Attorney prior to April 1, 2012 and the minimum salary on or after April 1, 2012. To streamline the processing and facilitate timely distribution of monies, counties will no longer have to submit a state aid voucher to claim their DA Salary Aid payment . The Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden NYS Division of Criminal Justice Services 4 Tower Place Albany, NY 12203 (518) 485-7974 iames.layden@dcjs.ny.gov

INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

NEW YORK

STATE AID VOUCHER

AC 1171 (Rev. 10/99)										The same of		and the second s	··················	T		
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Date Pald	1	or Voucher No.	<u></u>	1	Description	of Charges (If	Perso	nal Service, sho	w name, title, period	d cover	ed)			Атош	nl	
The County / City named above hereby claims the amount shown is due and payable for the calendar quarter ending June 30, 2011 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the Jatest federal census; and have given my whole time during this period, as required by surdivision 8 of Section 700 of; the County Law. Michael J. Violante Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct: that no part thereof has been paid except as stated: that the balance is actually due and owing; and that taxes which the State is exempt are excluded. NET NET										39,489 39,489	39 0	00				
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NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MICHAEL J. VIOLANTE
District Attorney

HOLLY E. SLOMA DOREEN M. HOFFMANN THEODORE A. BRENNER Deputy District Attorneys

Assistant District Attorneys

John W. Andrews Lisa M. Baehre Laura T. Bittner Thomas H. Brandt Claudette S. Caldwell Heather A. DeCastro Elizabeth R. Donatello James P. Hewitt III David A. Hoffmann Robert F. LaDuca, Jr. Cheryl L. Nichols Rvan K. Parisi Charles F. Pitarresi Theresa L. Prezioso Joseph A. Scalzo Henry W. Schmidt Brian D. Seaman Maria H. Stoelting Peter M. Wydysh Robert A. Zucco

August 25, 2011

New York State Division of Criminal Justice Services Office of Funding & Program Assistance 4 Tower Place Albany, NY 12203-3702

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for funding under the District Attorney Salary Aid program pursuant to Section 700 of the County Law, for the period of April 1, 2011 through March 31, 2012 in the amount of \$39,489.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Chase

Administrative Assistant

/dlc Enc (3) Dona Chase - Fwd: DA Salary for 2011-12

From:

Michael Violante

To:

Chase, Dona

Date:

8/22/2011 11:19 AM

Subject: Fwd: DA Salary for 2011-12

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 8/22/2011 10:14 AM >>>

Acting Commissioner Sean Byrne is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2011 through March 31, 2012.

Based on the 2011-12 Enacted Budget appropriation for this program, your county is entitled an allocation in the amount of \$39,489. Grantees should submit a voucher for this amount to the following address: NYS Division of Criminal Justice Services, Office of Financial Services - 10th Floor, Albany, New York 12203. If you have not already done so, please submit a voucher for the entire amount due for the 2011-12 fiscal year. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

Department District Attorney

Date 8/24/11 Phone 7088 Name Dona Chase Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094 39,489.00 Amount \$ Claim form Completed One Claim per Rt Sheet Acct# 43030.01 Org Set A.02.1165.000 Valid Revenue Acct in Box 5 Date _____ Signed by Jennifer Collins or Kyle Andrews Copy to Treasurers Accounting office Date _____ (circle one: by mail, phone, fax, on-line) Submitted to State / Fed <u>DCJS</u> State\Fed Agency name submitted to: Period Expenses incurred (not program period) 4/1/11-3/31/12 Below for Accounting Use Only_ Sent to Grant Accountant -Joanne Klemer Date _____ JE # _____ Date # ____ Accrual Posted in Misc Billing ACH/Ck # _____ Date # _____ **ACH Received** Any Adjustment posted in Misc Billing Adjmts JE # _____ Date # ____ CR # _____ Date # _____ Cash Reciept JE Posted JE# _____ Date # _____ note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

revised: 12/10/09

Dona Chase - Fwd: DA Salary Program

From:

Michael Violante

To:

Chase, Dona

Date:

10/20/2010 11:35 AM

Subject: Fwd: DA Salary Program

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 10/20/2010 11:32 AM >>>
This is to notify you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on the State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur from

April 1, 2010 through March 31, 2011.

Based on the enacted budget appropriation for this program, your county is entitled to receive up to \$39,489 for the 2010/2011 State fiscal year. Please be advised that based on Chapter 313, Laws of 2010, (the federal Medicaid Assistance Program (FMAP) Contingency Allocation Plan) the Governor and the Legislature authorized 1.1% local assistance reductions against all unspent local assistance funds based on projected cash disbursements for the remainder of SFY 2010-11. There will be a reduction against all District Attorney Salary Aid vouchers in order to balance the difference of what the state actually received for the FMAP.

Grantees should continue to submit vouchers at 100% of the value of enacted appropriations. DCJS will make the 1.1% reduction during the payment process. This will allow DCJS to maintain a record of reductions taken so funds can be restored if a surplus results.

If you have not already done so, please submit one voucher for the entire amount due to you for the year.

If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974.

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

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NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MICHAEL J. VIOLANTE
District Attorney

HOLLY E. SLOMA DOREEN M. HOFFMANN THEODORE A. BRENNER Deputy District Attorneys

Assistant District Attorneys

John W. Andrews Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Claudette S. Caldwell Heather A. DeCastro Elizabeth R. Donatello James P. Hewitt III David A. Hoffmann Robert F. LaDuca, Jr. Timothy R. Lundquist Cheryl L. Nichols Charles F. Pitarresi Theresa L. Prezioso Joseph A. Scalzo Henry W. Schmidt Brian D. Seaman Maria H. Stoelting Peter M. Wydysh Robert A. Zucco

October 13, 2010

New York State Division of Criminal Justice Services Office of Funding & Program Assistance 4 Tower Place Albany, NY 12203-3702

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2010 in the amount of \$43,867.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Chase Administrative Assistant

/dlc Enc (3)

Federal / State Aid Claim Form Routing Sheet Department DA Phone Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094 Claim form Completed Org Set <u>A. D.2. 1166, 000</u> Acct# <u>43030, 01</u> Valid Revenue Acct in Box 5 Signed by Sam Granieri or Kyle Andrews Date ____ Copy to Treasurers Accounting office (circle one: by mail) phone, fax, on-line) Submitted to State / Fed State\Fed Agency name submitted to: Period Expenses incurred (not program period) 10/1/09 - 9/30/10 Below for Accounting Use Only Date _____ Sent to Grant Accountant -Ruth Ohol JE# _____ Date # _____ Accrual Posted in Misc Billing ACH/Ck # _____ Date # _____ **ACH Received** Any Adjustment posted in Misc Billing Adjmts JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

CR # _____ Date # _____

JE# _____ Date# ____

Cash Reciept JE Posted

New York State Office of the State Comptroller

Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 01630397 *** *** Effective Date of Deposit is November 3, 2010 ***

Agency Code/Name: 01077 Reference/Invoice No. A1731100004305.02

HOMELAND SECURITY & EMERG SVCS 518-473-4524 Ref/Inv Date

Invoice Amount 52,396.69 Payment Amount Batch No. 52,396.69 348100

Voucher No. A102564

Agency Code/Name: 01490 Reference/Invoice No. A1165.43030 DA CM.02198911443389

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Ref/Inv Date 10/14/2010

10/25/2010

10/19/2010

Invoice Amount 39,055.00 41,924.76 Total ACH Deposit Payment Amount Batch No. 39,055.00 349680 41,924.76 349740 133,376.45

Voucher No. A102626 A102632

For additional information about your payment, please call the telephone number for the agency

[History of Payments]

listed above.

[Information On Other Payments]

Dona Chase - Fwd: DA Salary Reimbursement Program

From:

Michael Violante

To:

Chase, Dona

Date:

11/6/2009 11:18 AM

Subject: Fwd: DA Salary Reimbursement Program

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 11/6/2009 10:13 AM >>> District Attorney

This email is to notify you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on the State fiscal year. Funding for the currently fiscal year will help offset salary costs that your county has and will incur from April 1, 2009 through March 31, 2010.

Based on the budget appropriation for this program, your county is entitled to receive a total of \$43,867 for the 2009/2010 State fiscal year. If you have not already done so, please submit one voucher for the entire amount due to you for the year.

If you have any questions regarding the DA Salary Aid program, please contact me at (518) 485-0174.

Sincerely,

James Layden Senior Budgeting Analyst NYS Division of Criminal Justice Services

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

Jim Layden 518-485-0174

Vouchurs processed 14th

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating	a Agency ept. of Cr	riminal II	ıstic	e Se	rvice	es		. Agency C 4960	ode		Interest Eligil	ole (Y/N)				
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Date Palo		k or Voucher				Description of Charges (if Personal Service, show name, little, period covered)								Amou	nt	
The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2009 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period, as required by subdivision 8 of Section 700 of/the County Law. Michael J. Violante									unty latest 4, if in a less than live given division 8		Dollars 52,304		000			
State Aid Pro	ogram or Applic	able Statute:									T	OTAL	1	52,30	04 (00
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.,							Date					State Aid			\neg	
Signature in Ink Deputy Niagara County Treasure								er			_ _	% Claimed		4		
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Trace# 01407618 dated 01/11/2010

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Trace# 01407618 dated	1 01/11/2010			
Agency Code/Name: 01490 Reference/Invoice No. A1165.43030/DAS	DIV OF CRIMINAL JUSTICE S <u>Ref/Iny Date</u> 10/23/2009	SERV 518-457-6105 Invoice Amount 43,867.00 Total ACH Deposit	Payment Amount Batch No. 209820 43,867.00	<u>Voucher No.</u> A902959
Trace# 01406935 date	d 01/08/2010			
Agency Code/Name: 01077 <u>Reference/Invoice No.</u> A3645-44306 FCR 1	OFFICE OF HOMELAND SEC Ref/Inv Date 11/10/2009	CURITY 518-473-4524 Invoice Amount 15,750.93	Payment Amount Batch No. 15,750.93 217090	Voucher No. A903150
Agency Code/Name: 01370 Reference/Invoice No. EISEP	OFFICE FOR THE AGING Ref/Inv Date N/A	518-474-2631 <u>Invoice Amount</u> 173,228.23	Payment Amount Batch No. 173,228.23 513480	Voucher No. 2918L
Agency Code/Name: 14000 <u>Reference/Invoice No.</u> 80068	DEPARTMENT OF LABOR <u>Ref/Inv Date</u> 01/06/2010	518-457-2709 Inyoice Amount 21,000.00	Payment Amount Batch No. 21,000.00 W24030	Voucher No. W010610
Agency Code/Name: 17000 Reference/Invoice No. 007 D031538	TRANSPORTATION DEPT <u>Ret/Inv Date</u> N/A	518-457-1050 <u>Invoice Amount</u> 308,192.00	Payment Amount Batch No. 308,192.00 E15550	Voucher No. QP12471
Agency Code/Name: 25100 <u>Reference/Invoice No.</u> NSD/SD 9/09	OCFS-DETENTION CLAIMS <u>Ref/Inv Date</u> N/A	518-474-3399 <u>Inyoice Amount</u> 43,760.97 Total ACH Deposit	Payment Amount Batch No. 43,760.97 60610 561,932.13	<u>Voucher No.</u> 79150
Trace# 01406189 date	ed 01/07/2010			
Agency Code/Name: 01077 Reference/Invoice No. A3110.44961 FCR 3 A3110.44961 FCR 9	OFFICE OF HOMELAND SE <u>Ref/Inv Date</u> 11/12/2009 11/16/2009	CURITY 518-473-4524 <u>Invoice Amount</u> 6,827.82 3,154.54	Payment Amount Batch No. 6,827.82 217150 3,154.54 217140	<u>Voucher No.</u> A903156 A903155
Agency Code/Name: 12000 Reference/Invoice No. A4090.43476 7-9/09	HEALTH CENTRAL ADMIN <u>Ref/Inv Date</u> 10/06/2009	518-473-1477 Invoice Amount 13,982.50	Payment Amount Batch No. 13,982.50 648970	Voucher No. 495668
Agency Code/Name: 17000 Reference/Invoice No. 003 D032135	TRANSPORTATION DEPT <u>Ref/inv Date</u> N/A	518-457-1050 <u>Invoice Amount</u> 345 ₁ 929.00	Payment Amount Batch No. 345,929.00 E14170	Voucher No. QP12299
Agency Code/Name: 27000 <u>Reference/Invoice No.</u> RF2F 909 495 SYEP 09 522) DEPT OF TEMPORARY & D <u>Ref/Inv Date</u> N/A N/A	DISABILITY ASSISTANC <u>Invoice Amouni</u> 1,337,158.00 15,059.00 Total ACH Deposit	518-473-6541 <u>Payment Amount</u> <u>Batch No.</u> 1,337,158.00 L95010 15,059.00 L9492B 1,722,110.86	Voucher No. 9452495 9452522
Trace# 01405599 dat	ted 01/06/2010			
Agency Code/Name: 17000 <u>Reference/Invoice No.</u> MASS TRANS OP ASST MASS TRANS OP ASST MASS TRANS OP ASST MASS TRANS OP ASST MASS TRANS OP ASST	TRANSPORTATION DEPT Ref/Inv Date N/A N/A N/A N/A N/A N/A	518-457-1050 Invoice Amount 3,165.85 1,216.37 20,224.58 2,445.36 6,345.42 Total ACH Deposit	Payment Amount Batch No 3,165.85 \$1340 1,216.37 \$1340 20,224.58 \$1340 2,445.36 \$1340 6,345.42 \$1340 33,397.58	Voucher No. \$5553 \$5554 \$5555 \$5555 \$5556 \$5557
Trace# 01405274 da	ted 01/06/2010			
Agency Code/Name: 0140 <u>Reference/Inyoice No.</u> A3116.43371	O CRIME VICTIMS BOARD Ref/Inv Date N/A	518-457-8727 Invoice Amount 53,925.00	Payment Amount Batch No. 53,925.00 72320	<u>Voucher No.</u> 7494
		CEIOE 540 474 E499		

518-474-5432

Invoice Amount

1,023,070.00

35411

Payment Amount Batch No.

1,023,070.00 14968

Voucher No.

Agency Code/Name: 50000 <u>Reference/Invoice No.</u> 1/2010 OMH STATE AID

N/A

MENTAL HEALTH MAIN OFFICE

Ref/Inv Date

Date 10/19/09

Department District Attorney

Name Dona Chase

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$	\$52,304.00
XX	Valid Revenue Acct in <u>Box 5</u> Signed by Leslie Stolzenfels or David Brode		5 Acct# Fed 44 or State 43030
XX	Copy to Treasurers Accounting office Submitted to State / Fed Period Expenses incurred	•	(circle one: by mail, phone, fax, on-line)
5		Below for Accou	inting Use Only
	Sent to Grant Accountant -Ruth Ohol	Date	
	Accrual JE Posted	JE#	Date #
	Added to Aged Open Items		
	ACH Received	Ref #	Date #
	Copy of ACH to Originator		
	Cash Reciept JE Posted	CR#	Date #
	Taken Off Aged Open Items		

STATE AID VOUCHER OF **NEW YORK** Interest Eligible (Y/N) Orig. Agency Code Originating Agency 11 NYS Dept. of Criminal Justice Services Liability Date (MM) (DD) (YY) OSC Use Only Payment Date (MM) (DD) (YY) MIR Date (MM) (DD) (YY) Payee Amount 3 Zip Code 2 Payes ID 000 2901000000000 IRS Amount IRS Code 4[Payee Name (Limit to 30 spaces) Niagara County Indicator-Indicator-Statewide Stat. Type Statistic Payee Name (Limit to 30 spaces) Dept. 5| Ref/Inv. No. (Limit to 20 spaces) Address (Limit to 30 spaces) A1165, 43030 59 Park Avenue Ref/Inv. Date (MM) (DD) (YY) Address (Limit to 30 spaces) 9/30/08 (Limit to 2 State Zio Code City (Limit to 20 spaces) 14094 NY Lockport Amount Description of Charges (if Personal Service, show name, title, period covered) Check or Voucher No. Date Pald Dollars Cents The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2008 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal cersus; and have given my whole time during this period, as required by sulfdivision 8 of Section 700 of the County Law. Michael J. Violante 00 52,304 00 52,304 TOTAL State Aid Program or Applicable Statute: rayee Cerusicanon: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct: that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. Less Receipts 00 52,304 NET State Aid Signature in Ink % Claimed Deputy Niagara County Treasurer Tille Niagara County Name of Municipality STATE COMPTROLLER'S PRE-AUDIT FOR STATE AGENCY USE ONLY State I certify that this claim is correct and just, and payment is approved. Merchandise Received Cerlified For Payment Verified Dale By State Aid Amount Audited Page No. Liquidation Expenditure

Accum

Statewide

Dept.

Object

Y٢

Vac

Cost Center Code

Cost Center Unit

Dept.

F/P

PO/Contract

Orig. Agency

Amount

Date 10/2/08

Department District Attorney

Name Dona Heschke

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$ \$52,304.00
[XX]	Valid Revenue Acct in <u>Box 5</u> Signed by Leslie Stolzenfels or David Brod	Fund/Dept <u>A1165</u> Acct# Fed 44 or State 43030
XX	Copy to Treasurers Accounting office	
	Submitted to State / Fed	Date (circle one: by mail, phone, fax, on-line)
XX	Period Expenses incurred	7/1/08-9/30/08
		Below for Accounting Use Only
	Sent to Grant Accountant -Ruth Ohol	Date
	Accrual JE Posted	JE # Date #
	Added to Aged Open Items	,
	ACH Received	Ref # Date #
	Copy of ACH to Originator	
	Cash Reciept JE Posted	CR # Date #
	Taken Off Aged Open Items	

revised: 5/6/08

New York State Office of the State Compiroller Thomas P. DiNapoli, State Compiroller

*** Remittance Information for ACH Trace# 01146361 *** *** Effective Date of Deposit is October 23, 2008 ***

Agency Code/Name: 01200 Reference/Invoice No. A3140.43310-SORA 1Q DIV OF PROBATION & CORRECT. ALT. 518-485-2393

 Ref/Inv Date
 Invoice Amount

 08/13/2008
 9,450.00

Payment Amount Batch No. 9,450.00 34010

Voucher No. 3401

Agency Code/Name: 01490 Reference/Invoice No. A11654 3030 DIV OF CRIMINAL JUSTICE SERV 518-457-6105
Ref/Inv Date Invoice Amount 52,304.00
Total ACH Deposit

Payment Amount Batch No. 52,304.00 036420 61,754.00

Voucher No. A802454

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

AC TITT (Rev. 10190)

STATE OF

STATE AID VOUCHER

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NYS Dept. of Criminal Justice Services ayment Date (MM) (DD) (YY) OSC Use Only Liability Date (MM) (DD) (YY) Payee ID 29010000000 Additional 000 IRS Code IRS Amount Payee Amount IRS Code IRS Amount Payee Name (Limit to 30 spaces) Niagara County Payee Name (Limit to 30 spaces) Stat. Type Statistic Indicator— Dept. Indicator— Dept. Sign Retfinv. No. (Limit to 20 spaces) Address (Limit to 30 spaces) Sign Retfinv. Date (MM) (DD) (YY) 12/31/07 Statistic Indicator— Dept. Indicator— De	NEW YORK											-
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The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending December 31, 2007 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period, as required by subdivision 8 of Section 700 of the County Law. Matthew J. Murphy 2,500 00 Payac Calendar Share been readed in accordance with the growisions of the Applicable Statuer: that the date is just and secretical secretical part of the shore appendiance have been readed in accordance with the growision of the Statuer in the statuer is statuer. The statuer is secretically and the statuer is secretically in the secretical	Address (Limit to 30 spaces)								Υ)			
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The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending December 31, 2007 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period, as required by subdivision 8 of Section 700 of the County Law. Matthew J. Murphy 2,500 00 State Aid Program or Applicable Stabilities Matthew J. Murphy 2,500 00 State Aid Program or Applicable Stabilities TOTAL 2,500 00 2,500 00 State Aid Program or Applicable Stabilities have been made in accordance with the previsions of the Applicable Stability that the claim is just and tender to correct but to per thereof has been paid except as states that the biscord is extensity state and origing and that laxes which the State is exempt correct but to per thereof has been paid except as states that the biscord is extensity state and origing and that laxes which the State is exempt correct but to per thereof has been paid except as states that the biscord is extensity state and origing and that laxes which the State is exempt correct but to per thereof has been paid except as states that the biscord is extensity state and origing and that laxes which the State is exempt correct but to per thereof has been paid except as states that the biscord is extensity state and to rectify that the claim is extensity and that laxes which the State has a state and the biscord is extensity and the biscord is extensity. NET 2,500 00 Total 10,000 00 00 00 00 00 00 00 00 00 00	Date Pald Check or Voucher		Description	of Charges (If P	ersonal Service, s	now name, title, p	eriod covered)			Amoun	t	
State Aid Program or Applicable Statute: TOTAL 2,500 00 Pages Cutification: Page Babo Page Page Page Page Page Page Page Page	tt DI I	ne provising provising the control of the control o	ons of Sec ATTORN at I took of of over 16 r December 40,000 bund have gi	ction 700 EY CERT ffice after 00,000 ace er 31, 197 ut less tha	of the Cour IFICATION April 1, 197 coording to 14, if in a cour 100,000 hole time of	Ity Law. 70, if in a co the latest fo unty havin according uring this p	ounty hav ederal cer g a popul to the late	ring a nsus; or took ation of est federal				one -
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Signature in Ink Deputy Niagara County Treasurer Name of Municipality Niagara County FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT FOR STATE AGENCY USE ONLY State Aid Aid Certify that this claim is correct and just, and payment is approved. By Verified Audited Page No. By Expenditure Expenditure Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/F	Payee Certification: I certify that the above expenditures have been mad	le in accordances stated; that the	e with the provisions balance is actual	ons of the Applica ally due and owin	able Staiule: that th g; and that laxes v	xempt Les	·			-		
Name of Municipality Niagara County FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT Merchandise Received	Signature in Ink	-	State Aid									
Merchandise Received I certify that this claim is correct and just, and payment is approved. By Verified Verified Certified For Payment of State Aid Amount By Date Date Date Liquidation Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/F	Name of Municipality Niagara C	ounty					OTDO! LED	e ape Alinit				<u>;</u>
Page No. Date Date Date Date Date Date Date Liquidation Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/F							PIROLLER	O TRE-RODII	State Ald			
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		Var	Yr	Dep	t. Statewide	:						
		1 1		1		1						i
												



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HA WLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

Assistant District Attorneys

John W. Andrews Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Theodore A. Brenner Claudette S. Caldwell Heather A. DeCastro Elizabeth R. Donatello Stephen J. Foley Mark J. Gabriele James P. Hewitt III Doreen M. Hoffmann Robert F. LaDuca, Jr. Charles F. Pitarresi Henry W. Schmidt Brian D. Seaman Maria H. Stoelting Caroline A. Wojtaszek Peter M. Wydysh

Robert A. Zucco

December 31, 2007

New York State Division of Criminal Justice Services Office of Funding & Program Assistance Contracts Processing Unit, 9th Floor Executive Park Tower – Stuyvesant Plaza Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke Administrative Assistant

Joua & Hisculu

/dlh Enc (3)

Date December 27, 2008

Department District Attorney

Name Dona Heschke

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$ 2,500.00								
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165 Acct# Fed 44, or State 43030								
	Signed by Leslie Stolzenfels or David Brod	erick Date								
XX	Copy to Treasurers Accounting office									
	Submitted to State / Fed	Date (circle one: by mail, phone, fax)								
XX	Period Expenses incurred	10/1/07-12/31/07								
		Below for Accounting Use Only								
	Accrual JE Posted	JE# Date#								
	Added to Aged Open Items									
	ACH Received	Ref # Date #								
	Copy of ACH to Originator									
	Cash Reciept JE Posted	CR # Date #								
	Taken Off Aged Open Items									

New York State Office of the State Comptroller

*** Remittance Information for ACH Trace# 00991850 *** *** Effective Date of Deposit is January 2, 2008 ***

Agency Code/Name: 01200 Reference/Invoice No. A3140.43310 3Q 07	DIV OF PROBATION & COI Ref/Inv Date N/A	RRECT, ALT. 518-485-2393 <u>Invoice Amount</u> 96,284.88	3 <u>Payment Amount</u> 96,284.88	Batch No. 18180	Voucher No. 1818
Agency Code/Name: 01490 Reference/Invoice No. A1165==43030	DIV OF CRIMINAL JUSTICI <u>Ref/Inv Date</u> 10/30/2007	E SERV 518-457-6105 Invoice Amount 50,872.00	Payment Amount 50,872.00	Batch No. 890150	Voucher No. A702964
Agency Code/Name: 27000 Reference/Invoice No. RF2F 1207ADV 605 RF2F 907 568 RF2F1207 ADV 583	DEPT OF TEMPORARY & I <u>Ref/inv Date</u> N/A N/A N/A	DISABILITY ASSISTANC 5 Invoice Amount 285,547.00 621,898.00 507,152.00 Total ACH Deposit	18-474-9697 <u>Payment Amount</u> 285,547.00 621,898.00 507,152.00 1,561,753.88	L75360 L75300 L75070	Voucher No. 7452605 7452568 7452583

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

Mar-Jun'07 \$2500 already pd.

DA Salary - July - Sept '07 2500

OCH - Dec' 07 2500

Jan - Mar'08 2500

Supp. Sept 07

Patty Johnston

\$43,372

2330 annual

Changing to annual payments.

Date October 23, 2007

Department District Attorney

Name Dona Heschke

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$ 2,500.00
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165 Acct# Fed 44 or State 43030
	Signed by Leslie Stolzenfels or David Brod	erick Date
XX	Copy to Treasurers Accounting office	
	Submitted to State / Fed	Date (circle one: by mail, phone, fax)
XX	Period Expenses incurred	7/01/07 - 9/30/07
-	·	Below for Accounting Use Only
	Accrual JE Posted	JE # ' Date #
	Added to Aged Open Items	
	ACH Received	Ref # Date #
	Copy of ACH to Originator	
	Cash Reciept JE Posted	CR # Date #
	Taken Off Aged Open Items	

Date October 23, 2007

Department District Attorney

Name Dona Heschke

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$ 39,673.00
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165 Acct# Fed 44 or State 43030
	Signed by Leslie Stolzenfels or David Brod	derick Date
XX	Copy to Treasurers Accounting office	•
	Submitted to State / Fed	Date (circle one: by mail, phone, fax)
XX	Period Expenses incurred	7/01/07 - 9/30/07
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	Accrual JE Posted	JE # Date #
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	Copy of ACH to Originator	
	Cash Reciept JE Posted	CR # Date #
	Taken Off Aged Open Items	



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

Assistant District Attorneys

John W. Andrews Claudette S. Antholzner Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Theodore A. Brenner Heather A. DeCastro Elizabeth R. Donatello Stephen J. Foley Mark J. Gabriele James P. Hewitt III Doreen M. Hoffmann Robert F. LaDuca, Jr. Charles F. Pitarresi Henry W. Schmidt Brian D. Seaman Maria H. Stoelting Caroline A. Wojtaszek Peter M. Wydysh Robert A. Zucco

October 23, 2007

New York State Division of Criminal Justice Services Office of Funding & Program Assistance Contracts Processing Unit, 9th Floor Executive Park Tower – Stuyvesant Plaza Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2007 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke Administrative Assistant

/dlh Enc (2) STATE OF NEW YORK

STATE AID VOUCHER

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The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2007 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period, as required by subdivision 8 of Section 700 of the County Law. Matthew J. Murphy																	
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State Aid Program or a	Applicable 5	Slalute;	1	·								TOTAL		2,500			
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New York State Office of the State Computoller Thomas P. DiNapoli, State Compliceller

*** Remittance Information for ACH Trace# 00916974 *** *** Effective Date of Deposit is July 31, 2007 ***

Agency Code/Name: 01490 Reference/Invoice No. A1165=43030

3

DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 07/12/2007

Invoice Amount 2,500.00 Total ACH Deposit

Payment Amount Batch No. 2,500.00 823420 2,500.00

Voucher No.

A701191

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

Federal / State Aid Claim Form Routing Sheet

Date <u>July 5, 2007</u>

Department District Attorney

Name Dona Heschke

Phone <u>7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$ 2,500.00
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165 Acct# Fed 44 or State 43030
	Signed by Leslie Stolzenfels or David Broo	derick Date
XX	Copy to Treasurers Accounting office	
	Submitted to State / Fed	Date (circle one: by mall, phone, fax)
XX	Period Expenses incurred	4/01/07 - 6/30/07
		Below for Accounting Use Only
	Accrual JE Posted	JE # Date #
	Added to Aged Open Items	
	ACH Received	Ref # Date #
	Copy of ACH to Originator	
	Cash Reciept JE Posted	CR# Date #
	Taken Off Aged Open Items	



NIAGARA COUNTY COURTHOUSE 175 HA WLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

ssistant District Attorneys

ohn W. Andrews 'laudette S. Antholzner isa M. Baehre usan B. Bjornholm homas H. Brandt heodore A. Brenner 'eather A. DeCastro lizabeth R. Donatello . tephen J. Foley fark J. Gabriele ames P. Hewitt III oreen M. Hoffmann obert F. LaDuca, Jr. 'harles F. Pitarresi tenry W. Schmidt rian D. Seaman faria H. Stoelting 'aroline A. Wojtaszek eter M. Wydysh obert A. Zucco

July 5, 2007

New York State Division of Criminal Justice Services Office of Funding & Program Assistance Contracts Processing Unit, 9th Floor Executive Park Tower – Stuyvesant Plaza Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending June 30, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke Administrative Assistant

/dlh Enc (1) AC TITI (KeV. 1U/96

STATE OF

STATE AID VOUCHER

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New York State Office of the State Comptroller Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00870254 ***

*** Effective Date of Deposit is April 23, 2007 ***

1/1-3/31/07

Agency Code/Name: 01490

Reference/Invoice No.
A1165.43030DAS

A1166/43301

DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 04/13/2007 04/12/2007 ERV 518-457-610 <u>Invoice Amount</u> 2,500.00 15,516.32 Total ACH Deposit Payment Amount Batch No. 2,500,00 781540 15,516,32 781060 18,016,32

Voucher No. A700155 A700137

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

Federal / State Aid Claim Form Routing Sheet

Date 4/2/07

Department District Attorney

Name Dona Heschke

Phone <u>439-7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$2500.00
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165. Fed <u>44</u> or State <u>43030</u>
	Signed by Mike Carney or David Broderick	Date
XX	Copy to Treasurers Accounting office	
	Submitted to State / Fed	Date (circle one: by mail, phone, fax)
XX	Period Expenses incurred	1/1/07-3/31/07
	·	Below for Accounting Use Only
	Accrual JE Posted	JE# Date #
	Added to Aged Open Items	
	ACH Received	Ref # Date #
	Copy of ACH to Originator	·
	Cash Reciept JE Posted	CR # Date #
	Taken Off Aged Open Items	

voucher No. STATE AID VOUCHER AC 31/3 (Rev. 10/96) STATE OF **NEW YORK** Interest Eligible (Y/N) Orig. Agency Code NYS Dept. of Criminal Justice Services Liability Date (MM) (DD) (YY) OSC Use Only Payment Date (MM) (DD) (YY) MiR Date (MM) (DD) (YY) Payee Amount Route 3 Zip Code Additional 2 Payee ID 290100000000 000 IRS Amount IRS Code 4| Payee Name (Limit to 30 spaces) Niagara County Indicator-Statewide Indicator-Statistic Stat. Type Payee Name (Limit to 30 spaces) Dept. 51 Reffiny, No. (Limit to 20 spaces) Address (Limit to 30 spaces) A1165, 43030 59 Park Avenue Refilmy, Date (MM) (DD) (YY) Address (Limit to 30 spaces) 3/31/07 Zip Code (Limit to 2 State City (Limit to 20 spaces) 14094 NY Lockport Amount Description of Charges (if Personal Service, show name, title, period covered) Check or Voucher No. Date Paid Cents Dollars The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending March 31, 2007 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period, as required by subdivision 8 of Section 700 of the County Law. Matthew J. Murphy 00 2,500 2.500 00 TOTAL State Aid Program or Applicable Statute: Payee Certification:
I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct: that no part thereof has been paid except as stated: that the balance is actually due and owing; and that taxes which the State is exempt are excluded. Less Receipts 2,500 00 NET 00 2,500 State Ald Signature in lak 100_ % Claimed Niagara County Treasurer Niagara County STATE COMPTROLLER'S PRE-AUDIT Name of Municipality FOR STATE AGENCY USE ONLY I certify that this claim is correct and just, and payment is approved. Merchandise Received Certified For Payment Varified Date State Aid Amount Audiled Page No. Date By Liquidation Expenditure F/P Line PO/Contract Orig. Agency Amount Accum Object Cost Center Code Statewide Dept. ٧r Cost Center Unit Var Dept.

AU 1177 (Rev. 19/90)

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NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

Assistant District Attorneys

Claudette S. Antholzner Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Theodore A. Brenner Michelle L. Cianciosa Heather A. DeCastro Elizabeth R. Donatello Mark J. Gabriele Dale Hall James P. Hewitt III Doreen M. Hoffmann Robert F. LaDuca, Jr. Charles F. Pitarresi Henry W. Schmidt Brian D. Seaman Caroline A. Wojtaszek Peter M. Wydysh Robert A. Zucco

April 2, 2007

New York State Division of Criminal Justice Services Office of Funding & Program Assistance Contracts Processing Unit, 9th Floor Executive Park Tower – Stuyvesant Plaza Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending March 31, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke Administrative Assistant

/dlh Enc (1)

Office of the New York State Complimed er ()

*** Remittance Information for ACH Trace# 00829657 *** *** Effective Date of Deposit is January 30, 2007 ***

Agency Code/Name: 01075 Reference/Invoice No. EMA 01-06 EMA 02-06	STATE EMERGENCY MANAGEMENT OFFICE 518-292 Ref/inv Date Invoice Amount 12,273.25 09/30/2006 12,273.25	2-2324 <u>Payment Amount</u> <u>Batch No.</u> 12,273.25 24910 12,273.25 24950	<u>Voucher No.</u> 22316B 22320B
Agency Code/Name: 01200 Reference/Invoice No. A3150.43362 1-3 Q 06	DIV OF PROBATION & CORRECT. ALT. 518-485-2393 <u>Ref/Inv Date</u> <u>Invoice Amount</u> 09/30/2006 37,878.04	Payment Amount Batch No. 37,878.04 18930	<u>Voucher No.</u> 1893
Agency Code/Name: 01490 Reference/Invoice No. A1165.43030 12/31/06	DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Ref/Inv Date Invoice Amount 2,500.00	Payment Amount Batch No. 2,500.00 741900	Voucher No. A602898
Agency Code/Name: 14000 Reference/Invoice No. L009596	DEPARTMENT OF LABOR 518-457-2709 Ref/Inv Date 1.000 6,064.58 Total ACH Deposit	Payment Amount Batch No. 6,064.58 Z07550 70,989.12	<u>Voucher No.</u> Z075500

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

Federal / State Aid Claim Form Routing Sheet

Date 1/12/07

Department District Attorney

Name Dona Heschke

Phone <u>439-7088</u>

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

XX	Claim form Completed	Amount \$2500.00								
XX	Valid Revenue Acct in Box 5	Fund/Dept A1165	Fed <u>44</u> or State <u>43030</u>							
	Signed by Mike Carney or David Broderick	Date								
XX	Copy to Treasurers Accounting office									
	Submitted to State / Fed	Date (circle	one: by mail, phone, fax)							
XX	Period Expenses incurred	10/1/06-12/31/06								
		Below for Accounting U	se Only							
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	ACH Received	Ref #	Date #							
	Copy of ACH to Originator									
	Cash Reciept JE Posted	CR# [Date #							
	Taken Off Aged Open Items									

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

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NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

Assistant District Attorneys

Claudette S. Antholzner Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Theodore A. Brenner Michelle L. Cianciosa Heather A. DeCastro Elizabeth R. Donatello Mark J. Gabriele Dale Hall James P. Hewitt III Doreen M. Hoffmann Robert F. LaDuca, Jr. Charles F. Pitarresi Henry W. Schmidt Brian D. Seaman Caroline A. Wojtaszek Peter M. Wydysh Robert A. Zucco

January 12, 2007

New York State Division of Criminal Justice Services Office of Funding & Program Assistance Contracts Processing Unit, 9th Floor Executive Park Tower – Stuyvesant Plaza Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2006 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke Administrative Assistant

/dlh Enc (1)

New York State Office of the State Compireller Alen 6 Haves, State Compiteller

*** Remittance Information for ACH Trace# 00803012 *** *** Effective Date of Deposit is December 4, 2006 ***

DIV OF PROBATION & CORRECT, ALT. 518-485-2393 Agency Code/Name: 01200 Voucher No. Payment Amount Batch No. Invoice Amount Ref/Inv Date Reference/Invoice No. 3381 9,939.00 33810 9,939.00 07/23/2006 A3140.43310-DNA 518-457-6105 DIV OF CRIMINAL JUSTICE SERV Agency Code/Name: 01490 Voucher No. Payment Amount Batch No. Invoice Amount Ref/Inv Date A602250 Reference/Invoice No. 43,086.00 711510 43,086.00 10/16/2006 A1165.43030 DA SUPP A602331 28,404.31 713820 28,404.31 11/16/2006 CD2012-43370 518-474-9697 DEPT OF TEMPORARY & DISABILITY ASSISTANC Agency Code/Name: 27000 Voucher No. Payment Amount Batch No. Invoice Amount Ref/Inv Date 6452353 Reference/Invoice No. 367,897.00 L63440 367,897.00 N/A RF2F 8/06 353 449,326.31 Total ACH Deposit

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

New York State Office of the State Comptroller. Alan 6. Heves, State Comptroller

*** Remittance Information for ACH Trace# 00802521 *** *** Effective Date of Deposit is December 1, 2006 ***

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DIV OF CRIMINAL JUSTICE <u>Ref/Iny Date</u> 10/16/2006	SERV 518-457-6105 Invoice Amount 2,500.00	Payment Amount E 2,500.00 7	<u>Batch No.</u> 715660	Voucher No. A602251
DEPARTMENT OF LABOR <u>Ret/Inv Date</u> 11/29/2006	518-457-2709 Invoice Amount 20,000.00	Payment Amount 20,000.00	Batch No. W16230	Voucher No. W112906
TRANSPORTATION DEPT <u>Ref/Inv Date</u> N/A	518-457-1050 <u>Invoice Amount</u> 4,147.00	4,147.00	Batch No. 503660	<u>Voucher No.</u> 1081
DEPT OF TEMPORARY & T Ref/Inv Date N/A	DISABILITY ASSISTANC <u>Invoice Amount</u> 496,120.00 Total ACH Deposit	Payment Amount 496,120.00	L63400	<u>Voucher No.</u> 6452357
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Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Fayments]

New York State Office of the State Comptroller Alan G. Hevesi, State Comptroller

Trace# 00773524 dated 10/03/2006

Agency Code/Name: 01200 Reference/Invoice No.

DIV OF PROBATION & CORRECT, ALT, 518-485-2393 Invoice Amount

Ref/Inv Date

Payment Amount Batch No. 358.00 32470

Voucher No.

A3140.43310 SUP 06

08/04/2006

358.00

3247

Agency Code/Name: 01490 Reference/Invoice No.

A1165 . 43030 A1165 . 6/30/06

518-457-6105 DIV OF CRIMINAL JUSTICE SERV Invoice Amount Ref/Inv Date

09/21/2006 09/21/2006 2,500.00 2,500.00 Payment Amount Batch No. 2,500.00 685700 2,500.00 685710 5,358.00

Voucher No. A601636 A601637

Total ACH Deposit

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

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NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

October 5, 2006

Assistant District Attorneys

Claudette S. Antholzner Lisa M. Baehre Susan B. Bjornholm Thomas H. Brandt Theodore A. Brenner Michelle L. Cianciosa Heather A. DeCastro Elizabeth R. Donatello Mark J. Gabriele Dale Hall James P. Hewitt III Doreen M. Hoffmann Robert F. LaDuca, Jr. Charles F. Pitarresi Henry W. Schmidt Caroline A. Wojtaszek Peter M. Wydysh Robert A. Zucco

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2006 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

Please contact me at (716) 439-7086 with any information regarding this matter.

Very truly yours,

Debra A. Fotia

Confidential Secretary

MJM/daf Enclosures

New York State Office of the State Comptroller Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00677014 *** *** Effective Date of Deposit is February 27, 2006 ***

Agency Code/Name: 01490 Reference/Invoice No.

Ref/Inv Date

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Invoice Amount

2.500.00

Payment Amount Batch No. 2,500.00 592920

Voucher No. A502662

Agency Code/Name: 27000

Reference/Invoice No. RF2F1/06 ADV 598 RF2F2/06 ADV 632

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Ref/Inv Date

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02/13/2006

DEPT OF TEMPORARY & DISABILITY ASSISTANC Invoice Amount 254,913.00 254,913.00

Total ACH Deposit

518-474-9697

Payment Amount Batch No. 254,913.00 L55640 254,913.00 L55850

512,326.00

Voucher No. 5452598 5452632

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]